Going Home with an Ostomy: What Can We Do Better?

Connie Kelly, RN, APN/CNS, CWON
Mary Kirby, RN, BSN, CNS, CWON
Northwestern Memorial Hospital, Chicago, IL

Overview:

The successful transition of ostomy patients from hospital to home has become more challenging. This is due in part to shorter hospital stays, sicker patients, decreased access to follow-up care, and a lack of ostomy expertise in home care. The literature indicates that ostomy patients are struggling after discharge with physical, emotional, and psychological adjustment (1).

An organized survey process was initiated to evaluate patient adjustment following ostomy surgery. The study population was varied (Table 1) and the 50 participants were randomly assigned for inclusion in the study. Half were enrolled in a transition service to support them after discharge, and half were not.

One week after discharge from the hospital, the patient was contacted via phone and completed a survey to evaluate their adjustment to their ostomy. The patient was again surveyed eight weeks following the first conversation. Key findings are reported below and in Table 2. In addition, representative patient comments are included in Table 3.

• All patients were eager to talk about their surgery and openly welcomed the opportunity to participate in the study. Most patients expressed that they disliked calling their doctor or nurse for help but often found themselves wanting to ask a question or just talk to someone.

• A majority of the patients felt unprepared for the impact this surgery would have on their life or found life after surgery to be more difficult than anticipated. Approximately half of these patients were seen preoperatively by the WOC Nurse. 54% of all surveyed patients reported that they were not confident that they could care for their ostomy after discharge from the hospital. There were a total of nine patients who commented about the need for more preoperative education.

• There were observable positive differences in patients enrolled vs. non-enrolled into the transition service. 59% of those patients who were not selected for this transition service stated they felt depressed, while only 27% of those who were selected stated having depression.

Process:

Table 1: Study Participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>Colostomy</th>
<th>Ileostomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>28</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>

Age

- 20-30: 2 patients
- 31-40: 9 patients
- 41-50: 17 patients
- 51-60: 8 patients
- 61-70: 17 patients
- 71-80: 5 patients
- 81-90: 1 patient

Average length of stay: 8.1 days

Ostomy

- 57% were permanent stomas
- 43% were non-permanent

Non-responsive: 3 patients

Areas of stress

- Internet usage
- Home health experience
- Financial concerns
- Areas of stress

Table 2: Other Observations

<table>
<thead>
<tr>
<th>Area</th>
<th>% Unprepared for Impact on Life</th>
<th>Unhappy About Insurance Coverage</th>
<th>Not Confident About ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet usage</td>
<td>50.0%</td>
<td>46.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Home health experience</td>
<td>51.0%</td>
<td>46.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Financial concerns</td>
<td>51.0%</td>
<td>46.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Areas of stress</td>
<td>51.0%</td>
<td>46.0%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

Other Observations

- 57% stated they were worried about being able to afford ostomy supplies
- 75% of patients stated they had little to no knowledge about their insurance coverage.
- 10 people unknowingly paid out of pocket for supplies

Table 3: Representative Patient Comments

- "I know I was given a lot of information before my surgery and in the hospital but I guess I did not realize it and now find that I have a million questions." - "I feel depressed now that I am back home and trying to get into my old life. I need someone to talk to and just understand what I am going through. It is hard to discuss your family with all this."
- "I have really gotten help from Donna through the transition service to help me find a supplier. I was so worried about the cost of the bags and was wearing them too long to try to save money. My home care nurse sent me to the local drug store and they told me they had used them and it would cost me over $50/month." - "Having someone to talk to is invaluable. Ostomy surgery is devastating to accept."

Conclusion

The results of this survey suggest that patients welcome contact after discharge and indicate a desire for follow-up care. Since it is difficult for WOC/NUR nurses to routinely follow-up with patients on the phone or in person, there is a need for a transition service. This type of service can provide additional follow-up areas for patients that find difficult after discharge such as paying for supplies, obtaining appropriate product samples, supplier information, and continued education. Many patients struggle with their stoma care after discharge and home care does not seem to fulfill their needs. Patients facing life with a temporary or permanent stoma can become easily confused and overwhelmed.

These findings can offer assistance to the WOC/NUR nurse to help define areas for improvement such as preoperative education, more specific information and assistance with referrals for follow-up services. Care of the ostomy patient is a partnership which extends beyond the WOC/NUR in an acute care setting. Additional data will be shared in a future publication.

References


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